MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

422.1 932 01737

Reg. Diat. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

1. PLACE OF DEATH:
County: Harford
City or town: Aberdeen
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Pa County: York
City or town: Delta, Pa.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Annie C. Bell.

3.(b) Social Security Number:

4. Sex: F
5. Color or race: W
6.(a) Single, married, widowed, or divorced: Widowed.
6.(b) Name of husband or wife: John T. Bell
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): July 21 1863
8. AGE: Years: 86 Months: 7 Days: 5 If less than one day: ... hrs. ... min.
9. Birthplace: York Co, Pa.
(Town, county, and state)
10. Usual occupation: Housewife.
11. Industry or business:
FATHER 12. Name: Samuel T Stifler
13. Birthplace: York Co. Pa
MOTHER 14. Maiden name: Belinda Manifold
15. Birthplace: York Co, Pa.
16. Informant: Mrs Clara Stephens
Address: Aberdeen Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 1 1949 (month) (day) (year)
Cemetery or crematory: Salem Cem.
Location: Delta, Pa, R.D.
18. Funeral director: Hubert P Harkins.
Address: Delta, Pa.
19. Feb. 28 1949 (Date rec'd by registrar) Nellie F Riley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 26, 1949 at 3:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 13 1949 to Feb 26 1949 and that I last saw her alive on Feb 20 1949

	DURATION
Immediate cause of death: CARDIAC FAILURE	
Due to: MYOCARDITIS	5 YEARS
Due to:	
Other conditions: ARTERIOSCLEROSIS	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Brown McDonald Jr M.D.
M. D. or other
Address: Aberdeen Md. Date signed: 2-6-49

RECEIVED
MAR 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 19 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 224 N. Stokes St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 224 N. Stokes St.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Archibald (Last) Bramm

4. DATE OF DEATH: (Month) Feb. (Day) 14 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 24 1882

9. AGE last birthday: 66 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dry Dock Worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Bramm

14. MOTHER'S MAIDEN NAME: Charlett Henrett Skinner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service) W. War I

16. SOCIAL SECURITY NO.: 217-03-2825

17. INFORMANT: Joseph Franklin Bramm

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1/2 hr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension Cardiovascular Syn.

(c) Senile.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Feb 14, 1949, that I last saw the deceased alive on Feb 13, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Foley ADDRESS Havre de Grace Md. DATE SIGNED 2-16-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb 17 1949 — NAME OF CEMETERY OR CREMATORY: Angel Hill — LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Feb. 16 - 49 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D.

24. FUNERAL DIRECTOR: R. Madison Mitchell ADDRESS: Havre de Grace, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charles Street, Baltimore 331

CERTIFICATE OF DEATH 83a

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 20 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 811 Locust St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural, give location) 811 Locust St.

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) Anderson (Last) Brooks

4. DATE OF DEATH: (Month) Feb. (Day) 8 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 1 1891

9. AGE last birthday: 57 yrs. If under 1 year: Months —; Days —. If under 24 hrs.: Hours —; Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Duties

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): S. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adam Anderson

14. MOTHER'S MAIDEN NAME: Hester unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —; (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Albert E. Dennis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	1 month
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 9, 1949, to Feb 8, 1949, that I last saw the deceased alive on Feb 8, 1949, 12:30 A.M. and that death occurred at 10 30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. D. Walz M.D. Havre de Grace, Md. Feb. 9. 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE 2-11-49; NAME OF CEMETERY OR CREMATORY St. James; LOCATION (City, town, or county) Havre de Grace. (State) Md.

DATE REC'D BY LOCAL REG. Feb-10-49; REGISTRAR'S SIGNATURE A. L. Lewis M. D.

24. FUNERAL DIRECTOR ADDRESS R. Madison Mitchell, Havre de Grace, Md.

VS. A15

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FEB 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE White Hall, Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CARNELL	NICHOLAS	BUCHANAN	Feb	26	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, ~~MARRIED~~, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Col	Married	Dec. 20 ~~1926~~ 1927	22 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Edgewood Arsenal		White Hall Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Buchanan	Violet Christy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	World War II	219-22-3362	Mrs. Carnell N. Buchanan Darlington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Compound fracture of skull	3 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	35 min
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compound Fractures Right & Left femurs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		~~Yes~~ ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Rt 146 Road	near Jarrettsville	Harford	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☒	HOW DID INJURY OCCUR?
Feb	26	1949	4:45 p.m.			Auto Accident

22. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at 5:22 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. H. Lansey M.D. Deputy Medical Examiner		Aberdeen Md	Feb 26, 1949

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county)	(State)
Burial	March 2 1949	Green Spring	Harford	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 26 49	A. L. Lewis M. D.	H. S. Bailey	Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Creswell
STREET ADDRESS (If rural, give location) Bel Air R.D.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) ANN (Last) BYRD

4. DATE OF DEATH (Month) Feb. (Day) 21 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 12-1-48

9. AGE last birthday yrs. If under 1 year Months 2 Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Dec 1, 1948 Fries, Va

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Ernest Byrd

14. MOTHER'S MAIDEN NAME Goldie Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Ernest Byrd, Creswell Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19....., to —, 19....., that I last saw the deceased alive on —, 19....., and that death occurred at 3:00 A m., from the causes and on the date stated above.

SIGNATURE J. H. Ramsey M.D. (Degree or title) Deputy Medical Examiner ADDRESS Aberdeen, Md DATE SIGNED Feb 21, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Feb. 24, 1949

NAME OF CEMETERY OR CREMATORY Cokesbury

LOCATION (City, town, or county) (State) Abingdon Harford, Md

DATE REC'D BY LOCAL REG. Feb. 24 1949

REGISTRAR'S SIGNATURE Marie M. Moulsdale

24. FUNERAL DIRECTOR Howard K. McCormack & Son ADDRESS Abingdon Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
FEB 26 1949
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Aberdeen
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Aberdeen
STREET ADDRESS (If rural, give location) Bush Chapel Road

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) V. (Last) Cullum

4. DATE OF DEATH (Month) Feb. (Day) 13th (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept. 11, 1883
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Edward Knellinger
14. MOTHER'S MAIDEN NAME Francis Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Morgan L. Cullum

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pontine Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days.

Antecedent cause(s) (b) Cerebral Arteriosclerosis — Indefinite

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7, 1949, to Feb 13, 19....., that I last saw the deceased alive on Feb 13, 1949, and that death occurred at 7:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stella Imperiale M.D. ADDRESS 200 N. Union Havre de Grace DATE SIGNED 2/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 15th 1949
NAME OF CEMETERY ~~OR CREMATORY~~ Calvary
LOCATION (City, town, or county) (State) Near Creswell, Md.

DATE REC'D BY LOCAL REG. Feb. 15-49
REGISTRAR'S SIGNATURE Nellie H. Riley
24. FUNERAL DIRECTOR Henry Tarring & Sons ADDRESS Aberdeen Md.

RECEIVED
FEB 17 1949
BUREAU V. S.

01743

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331

CERTIFICATE OF DEATH

830

Reg. Dist. No. 112

1. PLACE OF DEATH · COUNTY: Harford — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Belair — LENGTH OF STAY (in this place): 3 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pasture Hill
HOSPITAL OR INSTITUTION OR STREET ADDRESS: — a Home	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Philip	(Middle)	(Last) Deigert	4. DATE OF DEATH (Month) February	(Day) 4	(Year) 1949
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower	8. DATE OF BIRTH: 4/23/1868	9. AGE last birthday: 80 yrs.	If under 1 year: Months 8, Days 11; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Baltimore County, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Faldeen Diegert		14. MOTHER'S MAIDEN NAME: Minnie Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Mr. Philip Diegert			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE — 2½ da.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ESSENTIAL HYPERTENSION — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1949, to Jan 4, 1949, that I last saw the deceased alive on Jan 3, 1949, and that death occurred at 12:35 P.m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson	M.D.	Forest Hill, Maryland.	Feb. 4, 1949

23. BURIAL, CREMATION REMOVAL (Specify): burial	DATE: 2/7/49	NAME OF CEMETERY OR CREMATORY: St. Johns Lutheran	LOCATION (City, town, or county) (State): Parkville, Md.
DATE REC'D BY LOCAL REG.: 2/7/49	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: Lassahn Funeral Home	ADDRESS: 7401 Belair Rd.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

763.5 01744

CERTIFICATE OF DEATH

159 Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural, give location) R. D. # 2

3. NAME OF DECEASED (Type or Print) (First) ~~Brown~~ Ronald V. (Middle) (Last) DUNCAN

4. DATE OF DEATH (Month) FEB (Day) 9 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1-24-49
9. AGE last birthday yrs. If under 1 year Months Days 15 If under 24 hrs. Hours 6 Min. 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Havre de Grace - Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME J. D. Duncan
14. MOTHER'S MAIDEN NAME Hazel Vandyke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT J. D. Duncan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ASPIRATION PNEUMONIA	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) PREMATURITY (32 wks)	15 DAYS.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Jan, 1949, to 9 Feb, 1949, that I last saw the deceased alive on 9 Feb, 1949, and that death occurred at 4.40 A.m., from the causes and on the date stated above.

SIGNATURE B. Norment (Degree or title) M.D. ADDRESS Havre de Grace Md DATE SIGNED 2.9.49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb - 9-49
NAME OF CEMETERY OR CREMATORY ~~Joseph T.~~ Oak Grove
LOCATION (City, town, or county) Harford Co. (State) Md

DATE REC'D BY LOCAL REG. Feb-9
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Joseph T. Foster - Bel Air - Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

196 55b 01745

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Ernest (Middle) L (Last) Epperley Jr.
4. DATE OF DEATH (Month) February (Day) 10 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan. 9. 1933
9. AGE last birthday 16 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Forest Hill Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Ernest L Epperley Sr
14. MOTHER'S MAIDEN NAME Clara N Scarborough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. ✓
17. INFORMANT Ernest L Epperley Sr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Sarcoma, femur

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION June 15, 1948
19b. MAJOR FINDINGS OF OPERATION Sarcoma femur
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1948, to Feb 10, 1949, that I last saw the deceased alive on Feb 10, 1949, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE Gerald C Palmer (Degree or title) M.D. ADDRESS Bel Air, Md. DATE SIGNED 2/10/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feby 13/49
NAME OF CEMETERY OR CREMATORY Nazarene
LOCATION (City, town, or county) Hickory (State) Harford Md

DATE REC'D BY LOCAL REG. Feb 11-49
REGISTRAR'S SIGNATURE Priscilla Fourwood
24. FUNERAL DIRECTOR Jos T Fritz Bel Air ADDRESS Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

94a Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford, Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace, Md.
STREET ADDRESS (If rural, give location) 6I2 Concord St.

3. NAME OF DECEASED (Type or Print) (First) Keziah (Middle) Faison (Last)

4. DATE OF DEATH (Month) 2/ (Day) I3/ (Year) 49 19

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8/2I/I879
9. AGE last birthday 69 yrs. If under 1 year Months 3 Days 22 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY House
11. BIRTHPLACE (State or foreign country) Faison, N. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Faison
14. MOTHER'S MAIDEN NAME Susan Bryant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Frank Ridgley, 6I2 Concord, Havre deG

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11:30P m., from the causes and on the date stated above.

SIGNATURE J H Ramsey M.D. (Degree or title) Deputy Medical Examiner ADDRESS Aberdeen, Md. DATE SIGNED Feb 15, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/I6/49
NAME OF CEMETERY OR CREMATORY St. James
LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REG. Feb-16-49
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace, Md.
Pennington & Son

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FEB 17 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01747

Reg. Dist. No. 182

1. PLACE OF DEATH:

County: Harford

City or town: Cardiff

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Cardiff

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Howard Preston Fowler

3. (b) Social Security Number: 008-07-8614

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6.(b) Name of husband or wife: Cora Fowler

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 20, 1896

8. AGE: Years	Months	Days	If less than one day
52	4	20	hrs. min.

9. Birthplace: Georgetown, Kent Co. Md.
(Town, county, and state)

10. Usual occupation: GYM Operator

11. Industry or business

FATHER 12. Name: Evelon Fowler

13. Birthplace: Kent Co. Md.

MOTHER 14. Maiden name: Ella Riggin

15. Birthplace: Centerville, Md.

16. Informant: Patricia Fowler

Address: Cardiff, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 13, 1949 (month) (day) (year)

Cemetery or crematory: Slate Ridge cemetery

Location: Delta, Pa.

18. Funeral director: Hubert P. Harkins

Address: Delta, Pa.

19. Feb 12, 1949 (Date rec'd by registrar) C. W. Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 10 1949, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940, to February 10 1949 and that I last saw him alive on February 10 1949

Immediate cause of death	DURATION
Myocardial Failure	-
Due to Status Asthmaticus	
Due to 241	
Other conditions 112	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Josiah G. Hunt M.D. M. D. or other

Address: Delta, Pa. Date signed: 2/11/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 18 1

1. PLACE OF DEATH: COUNTY Harford — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Aberdeen — STATE MARYLAND — LENGTH OF STAY (In this place) 6 mos — HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Aberdeen — STREET ADDRESS (If rural give location) Route # 2

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LIONEL	ANDREW	GAMBLE	Feb	1	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	infant	June 9, 1948	7 mos. yrs.	7	20	—	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
infant	infant	Harford County Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert C Gamble	Ida May Isles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	Mother - Ida May Gamble

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Inanition	Birth
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mongolian idiocy	
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None	—	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—	—	—	m.		— None

22. I hereby certify that I attended the deceased from June 9, 1948 to Feb 1, 1949, that I last saw the deceased alive on Feb 1, 1949, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thos Wolbert	MD	201 North Union Ave Havre de Grace	Feb 1

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 3-1949	Union M. E.	Aberdeen	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 3 - 49	Nellie H. Riley	Henry Fanning & Sons	Aberdeen Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen — LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS 129 S. Rogers St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural give location) 129 S. Rogers St.

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Linda (Last) Godwin

4. DATE OF DEATH: (Month) Feb. (Day) 28th (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mch. 15 1870

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel T. Irvine

14. MOTHER'S MAIDEN NAME: Sarah Ayers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Claude E. Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 8 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized arteriosclerosis, chr. diffuse nephritis

(c) Hypertensive cardio-vascular disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1949, to Feb. 28, 1949, that I last saw the deceased alive on Feb. 28, 1949, and that death occurred at 10:18 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Jesse P. Thompson M.D. — Aberdeen — Mch. 2/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Mch. 3, 1949 | NAME OF CEMETERY ~~OR CREMATORY~~ Bakers | LOCATION (City, town, or county) Aberdeen | (State) Md.

DATE REC'D BY LOCAL REG. March 2-1949 | REGISTRAR'S SIGNATURE Nellie H. Riley | 24. FUNERAL DIRECTOR Henry Farring & Sons | ADDRESS Aberdeen, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Havre de Grace
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Agnes (Middle) ELIZABETH (Last) Harris

4. DATE OF DEATH (Month) Feb. (Day) 11th (Year) 1949

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec. 1948
9. AGE last birthday yrs. If under 1 year Months 2 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Norris Marshall Harris
14. MOTHER'S MAIDEN NAME Catherine C. Hooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Norris M. Harriss

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Aspiration of Vomitus	20 min.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Bronchitis	3 days.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9, 1949, to Feb 11, 1949, that I last saw the deceased alive on Feb 9, 1949, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel D. Dolce M.D.
ADDRESS Havre de Grace, Md.
DATE SIGNED Feb 12, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 14-49
NAME OF CEMETERY OR CREMATORY Union M.E.
LOCATION (City, town, or county) near Aberdeen (State) Md.

DATE REC'D BY LOCAL REG. Feb-14-49
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Henry Farring & Sons
ADDRESS Aberdeen

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 554 Revolution St

3. NAME OF DECEASED (Type or Print) (First) Roy (Middle) (Last) Hawkins

4. DATE OF DEATH (Month) Feb (Day) 1 (Year) 1949

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH June 5, 1894
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Samuel Preston
14. MOTHER'S MAIDEN NAME Saddie Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-12-4719
17. INFORMANT Mr. Howard Hawkins Havre de Grace Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio respiratory failure	3 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Advanced arteriosclerosis	not known
	(c) Diabetes mellitus, general debility.	at least 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Amputation left leg because of gangrene left foot.

19a. DATE OF OPERATION 11.24.48
19b. MAJOR FINDINGS OF OPERATION Gangrene left foot - mid thigh amputation
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 June, 1948, to 1 Feb, 1949, that I last saw the deceased alive on 1 Feb, 1949, and that death occurred at 11 30 A.m., from the causes and on the date stated above.

SIGNATURE R B Norment (Degree or title) M.D. ADDRESS Havre de Grace DATE SIGNED 1 Feb 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-5-49
NAME OF CEMETERY OR CREMATORY Gravely Hill
LOCATION (City, town, or county) Harford County (State) Md.

DATE REC'D BY LOCAL REG. Feb. 3-49
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Elmer E. Kullock ADDRESS Havre de Grace, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

153 01752

462 Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmorton
LENGTH OF STAY (in this place) 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Emmorton COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) — (Last) Hoffecker

4. DATE OF DEATH (Month) Feb (Day) 8 (Year) 1949

5. SEX female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 9-22-1862

9. AGE last birthday 86 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Isaac Allen

14. MOTHER'S MAIDEN NAME Henrietta Rochester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Isaac Hoffecker, Emmorton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Sigmoid

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 1 year?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to Feb 8, 1949, that I last saw the deceased alive on Feb 8, 1949, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Fred O Hodous ADDRESS Edgewood Md DATE SIGNED 2-8-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Feb. 10, 1949

NAME OF CEMETERY OR CREMATORY Cokesbury

LOCATION (City, town, or county) (State) Abingdon Maryland

DATE REC'D BY LOCAL REG. 2-10-49

REGISTRAR'S SIGNATURE Marie M. Moulsdale

24. FUNERAL DIRECTOR Howard K. McComas & Son, ADDRESS Abingdon Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 12 1949
BUREAU V. S.

01753

EVIDENCE FOR CHANGE OF BIRTHDATE + AGE IS ON: FILM # G119 - 3-3-49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

177 / 51b

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 1 Bdays
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 353 Giles St.

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Henry Barnes (Last) HOPPER

4. DATE OF DEATH (Month) FEB (Day) 1 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 27, ~~1886~~ 1866
9. AGE last birthday ~~83~~ 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Realestate
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Hopper
14. MOTHER'S MAIDEN NAME Sallie Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 218-09-0448-A
17. INFORMANT Mrs. Katherine M. Hopper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	2 weeks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic urinary obstruction	4-5 months
	(c) Carcinoma of prostate	2-3 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Age 83

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None.
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Jan, 1949, to 1 Feb, 1949, that I last saw the deceased alive on 1 Feb, 1949, and that death occurred at 7:55 pm m., from the causes and on the date stated above.

SIGNATURE R B Norment (Degree or title) M.D. ADDRESS Havre de Grace DATE SIGNED 1 Feb 49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 3, 1949
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Feb. 2-49
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR R. Madison Mitchell, ADDRESS Havre de Grace, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331 01754
83a

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fulford — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fulford
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Wesley	Jeffery	Feby	6	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	W	June 24 1865	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Farmer	Harford Co Md	U S

13. FATHER'S NAME John W Jeffery

14. MOTHER'S MAIDEN NAME Sarah Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Miss Dora M Jeffery

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	A few minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio - sclerosis	Many years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 18, 1948 to Feb. 6th, 1949, that I last saw the deceased alive on Oct. 18th, 1948, and that death occurred at 7.30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. F. Van Bibber	M. D.	Bel Air Md.	2/9/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feby 8/49	Mt Zion	Fountain Green Harford Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/9/49	Cecilia Forwood	Joseph T Foster	Bel Air Md

VS. A15

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FEB 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01755

Reg. Dist. No. 182

1. PLACE OF DEATH:

County: Harford

City or town: Street, Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MARYLAND County: HARFORD

City or town: RURAL STREET
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: BETTY LEE JONES

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 25, 1949

8. AGE: Years | Months | Days | If less than one day ..... hrs. 20 min.

9. Birthplace: Harford Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: James Jones
13. Birthplace: Dodridge Co. W. Va.

MOTHER
14. Maiden name: Ethel Ostercamp
15. Birthplace: Harford Co. Md.

16. Informant: James Jones
Address: Street, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 25, 1949 (month) (day) (year)

Cemetery or crematory: Slate Ridge cemetery

Location: Delta, Pa.

18. Funeral director: Hubert P. Harkins
Address: Delta, Pa.

19. Feb. 25, 1949 (Date rec'd by registrar) C. W. Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: FEBRUARY 25, 1949, at 12:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from FEB. 24 1949, to FEB. 25 1949 and that I last saw her alive on FEB. 25 1949

Immediate cause of death: ~~UNKNOWN~~ Probably persistent atelectasis (4/27/49 - A.S.)

Due to

Due to 7620 161a

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Robert Barthet M.D. M. D. or other

Address: Forest Hill, Md. Date signed: 2/25/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 17 1949
BUREAU V. S.

01756

420.1
94a

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH· COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air (Rural) — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air, Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) R.	(Middle) Anderson	(Last) Kelly	4. DATE OF DEATH	(Month) Feby (Day) 25 (Year) 1949
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Nov 15-1871 ~~Feby 25/49~~	9. AGE last birthday 77 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Louis S Kelly		14. MOTHER'S MAIDEN NAME Elizabeth Elliott			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs Mable C Kelly			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	2-20-49
Antecedent cause(s)		2-25-49
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-15, 1948, to 2-25, 1949, that I last saw the deceased alive on 2-23, 1949, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson		Forest Hill, Md.	2-25-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feby 28/49	NAME OF CEMETERY OR CREMATORY Mt Zion	LOCATION (City, town, or county) Fountain Green Harford (State) Md
DATE REC'D BY LOCAL REG. 2/26/49	REGISTRAR'S SIGNATURE Priscilla Forwood	24. FUNERAL DIRECTOR Joseph T Foster	ADDRESS Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAR 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

974 164a 01757

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH COUNTY Fallston Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harry Patterson (Middle) Kidd (Last)			4. DATE OF DEATH (Month) Feb (Day) 20 (Year) 1949		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1888 July 24	9. AGE last birthday 60 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John P Kidd		14. MOTHER'S MAIDEN NAME Mary Reed			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Effie Mary Kidd			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suicide by hanging —

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	(CITY OR TOWN) Fallston (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) February 20, 1949 1 P m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Hanged self

22. I hereby certify that I attended the deceased from ——, 19——, to ——, 19....., that I last saw the deceased alive on ——, 19——, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gerald C Palmer	M.D. Acting Deputy Medical Examiner Harford County	BdA in Md	2/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2-23-49	NAME OF CEMETERY OR CREMATORY Friendship	LOCATION (City, town, or county) Fallston Harford (State) Md
DATE REC'D BY LOCAL REG. 2/21/49	REGISTRAR'S SIGNATURE Priscilla Towood	24. FUNERAL DIRECTOR Martin G Kurtz	ADDRESS Jarrettsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1949
BUREAU V. S.

01758

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

452
96 Reg. Dist. No. 185

Harford County

1. PLACE OF DEATH · COUNTY: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place): 17 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood 34 Oak Street
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hospital	STREET ADDRESS (If rural, give location): 34 Oak Street

3. NAME OF DECEASED (Type or Print)	(First) Minna	(Middle)	(Last) Ludwig	4. DATE OF DEATH	(Month) Feb	(Day) 22	(Year) 1949
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Nov. 5 1897	9. AGE last birthday: 51 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Germany		12. CITIZEN OF WHAT COUNTRY? America		
13. FATHER'S NAME: Karl Link			14. MOTHER'S MAIDEN NAME: Margarete Bayer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT: John D. Ludwig Edgewood Md				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure & pulmonary edema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shock from ruptured aneurysm of hepatic artery

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-22-49	19b. MAJOR FINDINGS OF OPERATION: Ruptured aneurysm of hepatic artery	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5, 1949, to 2-22, 1949 that I last saw the deceased alive on 2-22, 1949, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Carl Fisher	M.D.	Harford Memorial Hospital	2-22-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-26-49	Post Cemetery	Army Chemical Center Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 25-49	G. L. Lewis M.D.	Howard K. McCormack & Son	Abingdon Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sta Hosp, APG, Md.
LENGTH OF STAY (in this place) 2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Hospital, APG, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3419 East Pratt Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Dey)	(Year)
Charlotte	Marian	Ozumi	February	14	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Deys	If under 24 hrs. Hours	Min.
Female	White	Married	11 July 1927	21 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Carl W. Taylor
14. MOTHER'S MAIDEN NAME: Clara Weams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT: Mrs. Clara Fogle (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Leukemia — Interval Between Onset and Death: 25 Aug 48 to 14 Feb 49

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Dec, 1948, to 14 Feb, 1949, that I last saw the deceased alive on 14 Feb, 1949, and that death occurred at 0800 A m., from the causes and on the date stated above.

SIGNATURE: Oscar K. Williams, — (Degree or title) Capt., MC — ADDRESS Station Hospital, Aberdeen PrGr, Md. — DATE SIGNED 14 Feb 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 17 49	Parkwood	Balto Co

DATE REC'D BY LOCAL REG. 2/15/49 — REGISTRAR'S SIGNATURE John Wilbur Hall — 24. FUNERAL DIRECTOR AND ADDRESS: Hall Funeral Home 2008 Aisquith

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kalmia
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kalmia
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) F. (Middle) Dicty (Last) Preston

4. DATE OF DEATH (Month) July (Day) 25 (Year) 1949

5. SEX M

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Oct 17-1873

9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Kalmia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Harrison Preston

14. MOTHER'S MAIDEN NAME Mary Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 162-16-2116

17. INFORMANT Mrs Mary A Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute congestive heart disease (pulmonary edema.)	3 hrs.
Antecedent cause(s)	Terminating a (chronic cardio-vascular disease with hypertension)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11, 1949, to 2-25, 1949, that I last saw the deceased alive on 2-25, 1949, and that death occurred at 11:30 a m., from the causes and on the date stated above.

SIGNATURE Willard P Hudson (Degree or title) ADDRESS Forest Hill, Md. DATE SIGNED 2-25-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Mar 1/49

NAME OF CEMETERY OR CREMATORY Clarks Chapel

LOCATION (City, town, or county) Kalmia Harford Co (State) Md

DATE REC'D BY LOCAL REG. 2/26/49

REGISTRAR'S SIGNATURE Priscilla Fonwood

24. FUNERAL DIRECTOR Jos T Fates ADDRESS Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAR 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02141

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall (Rural) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Robert (Last) Riley

4. DATE OF DEATH: (Month) February (Day) 4, (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Apr. 13, 1886

9. AGE last birthday: 62 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 196-16-9189

17. INFORMANT AND ADDRESS: Mrs. Anna Meads

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 **Immediate cause** (a) Cerebral Vascular Accident

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 19 48, to Feb 4, 19 49, that I last saw the deceased alive on Feb 3, 19 49, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

S. James Thomson Jr MD | Jarrettsville, Md | 11-28-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Feb. 8, 1949 | NAME OF CEMETERY OR CREMATORY: Glencoe Cemetery | LOCATION (City, town, or county) (State): Glencoe, Md.

DATE REC'D BY ~~LOCAL~~ REG. 12/1/49 | REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Howard S. Markline | ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington; LENGTH OF STAY (in this place) Rural; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) D (Last) Robinson

4. DATE OF DEATH: (Month) Feb (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Unknown 1876

9. AGE last birthday: 73 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Harford Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No | (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Mr. Hentzel Robinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.1 Immediate cause	(a) old age	
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio-vascular dis	5-10 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/22, 1949, to 2/28, 1949, that I last saw the deceased alive on 2/22, 1949, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dudley Phillips MD | ADDRESS: Darlington Md | DATE SIGNED: 2/28/49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: March 3 1949 | NAME OF CEMETERY OR CREMATORY: Dublin Cem | LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REG.: March 1, 1949 | REGISTRAR'S SIGNATURE: C. H. Kirk | 24. FUNERAL DIRECTOR: W. S. Bailey | ADDRESS: Darlington Md

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

EVIDENCE FOR RENUMBERING #18 IS ON: FILM # G119 - 4c8-4g A.

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Aberdeen
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Aberdeen.
STREET ADDRESS (If rural give location) Forest Green

3. NAME OF DECEASED (Type or Print) (First) Matilda (Middle) Bodt (Last) Smith

4. DATE OF DEATH (Month) Feb. (Day) 5th (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 16, 1871
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Bodt
14. MOTHER'S MAIDEN NAME Fredirecka Burkley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. John H. Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia Cardiac Failure	1 days
Antecedent cause(s)	(b) Diabetes Mellitus	12 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Nephritis	12 years
	(c) Arterio Sclerosis	16 years
	(c) Arthritis Deformans	8 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1933, to 2/5, 1949, that I last saw the deceased alive on 2/5, 1948, and that death occurred at 5:15 A.m., from the causes and on the date stated above.

SIGNATURE Charles J. Foley (Degree or title) ADDRESS House de Grace DATE SIGNED 2/5/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 7. 1949
NAME OF CEMETERY OR CREMATORY St Paul Lutheran Cemetery
LOCATION (City, town, or county) Near Aberdeen (State) Md

DATE REC'D BY LOCAL REG. Feb. 7-49
REGISTRAR'S SIGNATURE Nellie H. Riley
24. FUNERAL DIRECTOR Henry Parring & Sons. ADDRESS Aberdeen Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

161C Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WHITEFORD MARYLAND
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) JUNE (Last) TARBERT

4. DATE OF DEATH (Month) FEB (Day) 13 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) NEWBORN

8. DATE OF BIRTH FEB 13, 1949

9. AGE last birthday — yrs. If under 1 year Months — Days — If under 24 hrs. Hours 5 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) HAVRE de GRACE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? — USA

13. FATHER'S NAME OSCAR TARBERT

14. MOTHER'S MAIDEN NAME WYVETTA ~~SIMON~~ BEATTIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) RESPIRATORY FAILURE	5 1/2 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYDROPS AND ICTERUS	NOT KNOWN
	(c) PROBABLE ERYTHROBLASTOSIS FETALIS	—

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 13 FEB, 1949, to 13 FEB, 1949, that I last saw the deceased alive on 13 FEB, 1949, and that death occurred at 9:20 A.m., from the causes and on the date stated above.

SIGNATURE R B Norment (Degree or title) M.D. ADDRESS Havre de Grace Md DATE SIGNED 13 FEB 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 2-14-49 NAME OF CEMETERY OR CREMATORY Slatinville LOCATION (City, town, or county) Delta (State) Pa.

DATE REC'D BY LOCAL REG. Feb. 13-49 REGISTRAR'S SIGNATURE G. L. Lewis M.D. 24. FUNERAL DIRECTOR Hubert P. Hawkins ADDRESS Delta Pa.

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FEB 16 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH· COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen — LENGTH OF STAY (in this place) 3 Months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Hospital, APG, Md.	STREET ADDRESS (If rural, give location) 58 Battle Street

3. NAME OF DECEASED (Type or Print)	(First) Delores	(Middle) –	(Last) Taylor	4. DATE OF DEATH	(Month) Feb	(Day) 11	(Year) 1949
5. SEX Female	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 24 Jan 1949	9. AGE last birthday yrs.	If under 1 year Months	Days 19	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Sta Hosp, Aberdeen PrGr, Md.			12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Stanley I. Taylor			14. MOTHER'S MAIDEN NAME Gloria De Los Santos				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Stanely I. Taylor				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory distress	3 - 5 Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Tracheobronchitis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 11 Feb, 1949, to 11 Feb, 1949, that I last saw the deceased alive on 11 Feb, 1949, and that death occurred at 9:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas Pastros Capt/MC

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF 2/14/49	NAME OF CEMETERY OR CREMATORY Mt Auburn	LOCATION (City, town, or county) (State) Balto Md
DATE REC'D BY LOCAL REG. 2/14/49	REGISTRAR'S SIGNATURE H.W. Hedrick Dm	24. FUNERAL DIRECTOR George G. Kelson 1303 Powerstman St	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for addition of cause of death shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01765

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH · COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE New York COUNTY Bronx
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Proving Ground — LENGTH OF STAY (in this place) 1 ½ Months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bronx
HOSPITAL OR INSTITUTION OR STREET ADDRESS Building T-155 (Barracks)	STREET ADDRESS (If rural, give location) 1302 Stebbins Ave.

3. NAME OF DECEASED (Type or Print) (First) Pasquale	(Middle) (None)	(Last) Tomasulo	4. DATE OF DEATH (Month) February	(Day) 25	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Jan 15, 1929	9. AGE last birthday 20 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier	10b. KIND OF BUSINESS OR INDUSTRY U.S. Army	11. BIRTHPLACE (State or foreign country) New York	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Frank Tomasulo		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) Dec 48 to date	16. SOCIAL SECURITY NO.	17. INFORMANT Personnel Branch The Ordnance School		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

298.1 Immediate cause (a) ~~Undetermined pending further/investigation~~ laboratory

75b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Findings: Splenomegaly as a result of acute congestion —

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? Found dead in bed

22. I hereby certify that I attended the deceased from (Dead on Arrival) 0645 - 25 February 1949, 19....., to ....., 19....., ~~that I last saw the deceased~~ ~~alive on~~ ....., 19....., and that death occurred at 0645 A.m., from the causes and on the date stated above.

SIGNATURE Leonard J. Smith (Degree or title) Cyn me — ADDRESS Station Hospital Aberdeen Proving Ground, Md. — DATE SIGNED 25 Feb 1949

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF Feb. 26, 1949	NAME OF CEMETERY OR CREMATORY Charles Stumpf Inc	LOCATION (City, town, or county) 600 W. Chester ave, Bronx (State) N.Y.
DATE REC'D BY LOCAL REG. Mar. 4-49	REGISTRAR'S SIGNATURE Nellie H Riley	24. FUNERAL DIRECTOR Howard K. McComas & Son	ADDRESS Abingdon Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
MAR 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

442
131a

01766

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 716 Ontario St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 716 Ontario St

3. NAME OF DECEASED (Type or Print) (First) Harvey (Middle) Robert (Last) Thompson

4. DATE OF DEATH (Month) Feb. (Day) 20 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan. 9, 1870
9. AGE last birthday 79 yrs. If under 1 year Months. – Days – If under 24 hrs. Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Retired
10b. KIND OF BUSINESS OR INDUSTRY Penn. R.R.
11. BIRTHPLACE (State or foreign country) Cecil Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Thompson
14. MOTHER'S MAIDEN NAME Matilda ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. Mary E. Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial insufficiency

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Renal disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 3, 1947, to Feb 20, 1949, that I last saw the deceased alive on 2-20, 1949, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE A. Lewis MD (Degree or title) ADDRESS Havre de Grace, Md. DATE SIGNED 2-22-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb 23, 1949
NAME OF CEMETERY OR CREMATORY West Nottingham
LOCATION (City, town, or county) Cecil Co. (State) Md

DATE REC'D BY LOCAL REG. Feb. 22-49
REGISTRAR'S SIGNATURE G. L. Lewis M. D.
24. FUNERAL DIRECTOR R. Madison Mitchell, Havre de Grace, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 25 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

795.5 01767

CERTIFICATE OF DEATH

200 C Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford (?) MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cardiff (?) LENGTH OF STAY (in this place) Not known
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Unknown (Middle) (Last)

4. DATE OF DEATH (Month) February (Day) 19 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Newborn. Not known if stillborn
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Not known
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Sheriff Raymond Fulker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Unknown —

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Not known
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Not known (CITY OR TOWN) Not known. (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Not known. Body of newborn found beside slate quarry.

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on ——, 19....., and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE Gerald C Palmer M.D. Acting Deputy Medical Examiner (Degree or title) ADDRESS Harford County Bel Air Md. DATE SIGNED 2/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/22/49
NAME OF CEMETERY OR CREMATORY Co-Home
LOCATION (City, town, or county) Bel Air (State) Md

DATE REC'D BY LOCAL REG. 2/21/49
REGISTRAR'S SIGNATURE Priscilla Fowood
24. FUNERAL DIRECTOR Joseph T. Foster ADDRESS Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1949
BUREAU V. S.

Evidence for change of age is on:

FILM No. G 119 FEB 21 1949

422.1 01768

932

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen — LENGTH OF STAY (in this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) Edmund St - Ext.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Emma	Lee	Warfield.	Feb.	8th	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Married	May 1882	66 ~~67~~ yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House worker		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charlie Lee	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mr. William A. Warfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Vascular disease

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	—			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		—

22. I hereby certify that I attended the deceased from Dec 17, 1946, to Feb 8, 1949, that I last saw the deceased alive on Feb 8, 1949, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. A. Ramsey	M. D.	Aberdeen, Md.	Feb 11, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	Feb. 12, 1949	Mt Calvary	near Aberdeen

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 8-49	Nellie A. Riley	Henry Tarring & Sons	Aberdeen Md.

S. A15

RECEIVED
FEB 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01769

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CERTIFICATE OF DEATH 93d

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 626 Water

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Ella		White	Jan.	21	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	8/6/9	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housework. None		Denton, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Don't Know	Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		—	Fred White

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerosis.	
Antecedent cause(s)	Cerebral Hemorrhage	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	
	(c) Cardiac Decompensation	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 3/1, 1946 to 2/21, 1949, that I last saw the deceased alive on 2/21, 1949, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles J. Foley	MD	Havre de Grace Md	2-21-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/23/49	Riverview Burial Park	Lancaster, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 21-49	A. L. Lewis M.D.	Wm. J. Robinson	Lancaster, Pa.

RECEIVED
FEB 23 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: HARFORD; CITY OR TOWN: Joppa; STATE: Maryland; LENGTH OF STAY (in this place): MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Dorchester; COUNTY: ; CITY OR TOWN: Cambridge md - Rural; STREET ADDRESS (If rural, give location): Christ Rock

3. NAME OF DECEASED (Type or Print): (First) DANIEL (Middle) HENRY (Last) YOUNG

4. DATE OF DEATH: (Month) Feb (Day) 17 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 12 of May 1866

9. AGE last birthday: 83 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Christ Rock

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Nathan Young

14. MOTHER'S MAIDEN NAME: Maryan Stafford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mary E. Ross

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Cardiac Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Vascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE: J. H. Ramsey M.D. (Degree or title) Deputy Medical Examiner — ADDRESS: Aberdeen, Md. — DATE SIGNED: Feb 17, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/20/49 — NAME OF CEMETERY OR CREMATORY: Christ Rock — LOCATION (City, town, or county) (State): Cambridge md

DATE REC'D BY LOCAL REG.: 2/19/49 — REGISTRAR'S SIGNATURE: Priscilla Towood — 24. FUNERAL DIRECTOR: Lewis H Baynum — ADDRESS: 20 Washington St

VS. A15

RECEIVED
FEB 21 1949
BUREAU F. S.